

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b>		Charge Presented To: Agency(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
		<b>471-2019-04100</b>	
<b>Ohio Civil Rights Commission</b> and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	Date of Birth
<b>Ms. Evelyn Williams</b>		<b>(216) 233-0448</b>	<b>1962</b>
Street Address		City, State and ZIP Code	
<b>3263 E. Overlook Road, Cleveland Heights, OH 44118</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name		No. Employees, Members	Phone No. (Include Area Code)
<b>BARTON MARLOW / CLEVELAND-CLIFFS HBI PLANT</b>		<b>500 or More</b>	<b>(248) 436-5000</b>
Street Address		City, State and ZIP Code	
<b>330 Millard Avenue, Toledo, OH 43605</b>			
Name		No. Employees, Members	Phone No. (Include Area Code)
<b>BARTON MARLOW</b>			<b>(248) 436-5000</b>
Street Address		City, State and ZIP Code	
<b>26500 AMERICAN DR.</b>		<b>Southfield, MI 48034</b>	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		Earliest    Latest <b>06-07-2019    07-01-2019</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I began working for the above named-employer on or about May 20, 2019, as a Journeyman Iron-Worker.</p> <p>On or about June 7, 2019, I complained and was interviewed about my complaint of sexual harassing language by a co-worker. The Respondent investigated and took corrective action against the harasser. However, I immediately suffered retaliation for making the complaint. Specifically, I was immediately moved to another work location and isolated from others performing the work I was hired to do and denied work assignments by the Supervisor on-site. I complained via a certified letter to the Respondent, on the same day they received the complaint I was discharged. I am aware that a male co-worker heard the sexually harassing behavior, complained on my behalf, but was not subjected to the same treatment as me.</p> <p>I believe I was transferred, subjected to different terms and conditions of employment and subsequently discharged, in retaliation for complaining of sexually harassing language, due to my gender, female, in violation of Title VII of the Civil Rights Act of 1964, as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT: <b>Evelyn Williams</b> My Comm. Expires Jan. 2, 2022 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <b>8-06-2019</b>	
Date <b>08/06/2019</b> Charging Party Signature <b>Evelyn Williams</b>			

PLAINTIFF'S EXHIBIT

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